



TPL File – Field Value Change

Effective April 20, 2006 the INS-TYPE field on the TPL file had some field value changes. AHCCCS changed the value for 'X' (drugs) to 'P' and added a value of 'S' (medicare supplemental). The new list of values for INS-TYP is:

- B - Behavioral Health
- D - Dental
- M - Medical
- P - Pharmacy
- S - Medicare Supplemental
- V - Vision
- Z - Medicare A & B

TPL Verification

The T/RBHA's are responsible for determining and verifying if a person has third party health insurance before using other sources of payment such as Medicaid (Title XIX), KidsCare (Title XXI) or State appropriated behavioral health funds. If the T/RBHA obtains TPL information that does not appear in the AHCCCS system, they need to ensure that this information reaches AHCCCS.

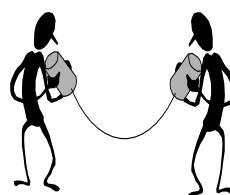
AHCCCS is contracted with PCG (Public Consulting Group, Inc.) to verify third party Medical, Pharmacy and Medicare Supplemental changes and new coverage. The T/RBHA must go directly to PCG's website (<https://cmts.pcgus.com/tplreferrals>) and submit the new information electronically. Submissions of paper forms directly to AHCCCS requesting verification are no longer accepted.

Updates to AHCCCS Medicare information are still made using the AHCCCS Medicare Research Request Form found on the AHCCCS website (<http://www.azahcccs.gov/PlansProviders/Forms.asp>) and mailing/faxing the paper forms to AHCCCS. Forms will be forwarded to Medicare for verification.

Updates verified by PCG and Medicare will appear on the daily TPL file received by the T/RBHAs.

Travel Mileage For Re-Engagement

RBHAs take note! If a case manager travels to meet a client and the client does not make the appointment they cannot bill for case management services, but are able to bill the full mileage traveled. Providers should use service code A0160 for billing and report actual miles traveled.



New OPS Phone Numbers

Rearrangement of workspace at DBHS has resulted in a few changes within the Office of Program Support. Effective immediately, phone numbers have changed for the following Encounters and Data Validations Unit staff.

Name	Old Phone #	New Phone #
Eunice Argusta T/RBHA Rep.-NARBHA, Gila River, Navajo, Pascua Yaqui	(602) 364-4711	(602) 364-4526
Kayla Caisse Data Validation Mgr.	(602) 364-4702	(602) 364-4731
Michael Carter Supervisor- Encounters Unit	(602) 364-4710	(602) 364-4732
Javier Higuera T/RBHA Rep.- ValueOptions, CPSA	(602) 364-4712	(602) 364-4715
Janice Hippe Data Validation Rep.	(602) 364-4707	(602) 364-4711

(The "Who Do I Call" section is still at the back of the newsletter for your referencing needs.)



Training

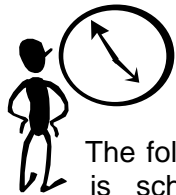
The Office of Program Support is offering training to the RBHAs for CIS pre-processor edits and AHCCCS pended encounter errors. The training is to instruct RBHA staff how to research claims/encounters using CIS and PMMIS. If interested, the RBHAs are encouraged to contact their RBHA Representative for more information. The RBHAs should also contact their RBHA Representative with suggestions for other training they would like offered.

4 Digit Revenue Codes

CIS has been capable of accepting 4 digit (byte) revenue codes since the HIPAA conversion and AHCCCS is now accepting and processing 4 digit revenue codes.

Conversion of 3 digit revenue code to 4 digits is accomplished by adding a leading zero. Revenue code 114 will be reported as 0114 and revenue code 124 as 0124.

For dates of service June 1, 2006 and forward, submission of 4 digit revenue codes will become a requirement for the RBHAs. Any encounter submitted with dates of service after May 31, 2006 that contains a revenue code that is not 4 digits will be rejected.



Encounter Work Group Meetings For May

The following are the dates and times that BHS is scheduled to be on-site at RBHAs for Encounter Work Group meetings in May:

Cenpatico- Tues, May 2nd 2:00pm - 3:30pm

ValueOptions- Wed, May 3rd 10:30am-12:00pm

CPSA- Wed, May 17th 10:00am-11:30am

NARBHA- No on-site meeting scheduled for May.
Next meeting set for Thurs, June 22nd.

AHCCCS Providers May Be Terminated For Inactivity

An AHCCCS provider's participation may be terminated if the provider has not submitted a claim to the AHCCCS Administration or one of the AHCCCS-contracted health plans or program contractors within the past 24 months. These providers will be terminated on their individual renewal dates.

A new registration packet will be required to reactivate providers who reapply following termination for inactivity.

Providers should refer to Chapter 3 of the AHCCCS Fee-For-Service Provider Manual for information on provider participation.



Key Fields

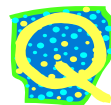
Remember, CIS will bypass all pre-processor edits for voided encounters and only validate the presence and format of the following key fields. These key fields must match the original encounter in the CIS database in order to process the void transaction:

RBHA ID.
Provider ID.
ICN
Line Number
Client ID.
Date of Service

Diagnosis Codes For Encounters

All encounters/claims must be submitted with a primary ICD9 diagnosis code within the range of 290 through 316.99. Please refer to the ICD9 coding book for a complete listing of the diagnosis codes within this range.

Coding Q & A



Does ADHS have a specific policy that addresses electronic medical records? For example, how does the provider indicate a "late entry" or correction to medical records?



The AHCCCS Medical Policy Manual addresses electronic medical records as follows: "c) If (medical records are) kept in an electronic file, the provider must establish a method of indicating the initiator of information and a means to assure that information is not altered inadvertently. d) If revisions to information take place, a system must be in place to track when, and by whom, they are made. In addition, a backup system including initial and revised information must be maintained." The following is the link to the AHCCCS manual so you may reference this information. Once you are in the manual, please refer to policy page 940-4, item #3.

http://www.ahcccs.state.az.us/Regulations/OSPPolicy/chap900/01_06Chap900.pdf



!! Edit Alerts !!

An Edit alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate reliable manner. Edit alerts will be distributed when the information is first made available and again with the following monthly publication of the Tidbits.

Two edit alerts have been distributed in April

Edit Alert number 46 requests a change to the age requirements on Demographics for Increased Stability and Decrease in Safety Risk

New/Changed Edit Alert

Tracking Number: 46 Implemented: ☐

Reference Title: Demographic Change (New Age Requirements)

Notification Date: April 13, 2006

Expected Implementation Date: May 15, 2006
ADHS will provide the RBHA's with 90 days notice when possible

Change Description: Change demographic edits to match the new age requirements.

Increased Stability and Decrease in Safety Risk have changed from 0 thru 17 to 5 thru 17. The effective date of this change is May 15, 2006

Edit Alert number 47 requests a change to CIS to recognize services not covered by Medicare.

New/Changed Edit Alert

Tracking Number: 47 Implemented: ☐

Reference Title: Medicare Part B Encounter Editing Process

Notification Date: April 28, 2006

Expected Implementation Date:
ADHS will provide the RBHA's with 90 days notice when possible

Change Description: OPS has requested a modification to the CIS system to accept CMS-1500 encounters for clients with Medicare Part B eligibility. Any procedure code identified on the AHCCCS PMMIS system as not covered by Medicare does not require the provider to submit a Medicare paid amount or zero fill the Medicare fields. To verify if a service is covered by Medicare the RBHAs will need to access the PMMIS screen RF113. Enter the procedure code in question; if the Medicare Coverage field contains an "N" Medicare does not cover the service. OPS has requested this as an emergency action, but there is no expected implementation date at this time.

Scenarios (if Applicable):

The provider submits an encounter for a client that has Medicare eligibility.

The provider has identified the procedure code billed as a code that is not reimbursable by Medicare. (If necessary, the provider can enter the code in the AHCCCS PMMIS screen RF113 to verify if the procedure is covered by Medicare.)

The provider will submit the encounter without a Medicare paid amount and will not zero fill the Medicare fields.

Edit Function:



User Access Request Forms

The Corporate Compliance Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals,

Issue Resolution system, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736.

For questions or more information, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov.



Who Do I Call??

If you need assistance please contact your assigned T/RBHA Representative

Gary Szymanski	Cenpatico 2&22	(602) 364-4677 szymang@azdhs.gov
Eunice Argusta	NARBHA Gila River Navajo Nation Pascua Yaqui	(602) 364-4526 arguste@azdhs.gov
Javier Higuera	ValueOptions CPSA 3&5	(602) 364-4715 hiqueri@azdhs.gov